

# NALOXONE RESOURCE GUIDE

Harm Reduction and Overdose Prevention Services

May 2022 | Version 1.0

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## Resource Guide

### Purpose

This guide is designed for organizations to set up a naloxone distribution program and to facilitate access to prescription naloxone. Overdose prevention work can be feasibly integrated into other community-based services and programs that work with individuals directly or indirectly at risk of an overdose. This guide will provide those organizations with the knowledge and tools on how to integrate overdose prevention education and naloxone distribution into existing community-based programs to reduce the number of deaths related to opioid overdose. Additionally, this guide serves to address how and where specialized populations may access existing life-saving resources, particularly naloxone.

### Intended Audience

Los Angeles County Departments, Los Angeles County contracted agencies, and Los Angeles County community-based organizations.

### About Substance Use Prevention and Control (SAPC) Harm Reduction Unit

SAPC's Harm Reduction Unit is focused on expanding access to harm reduction and overdose prevention services throughout the county. This includes Los Angeles County Department of Public Health (DPH) contracted Engagement and Overdose Prevention (EOP) Hubs (known as syringe service providers) to reduce the number of deaths related to opioid overdoses in Los Angeles (LA) County. In an effort to maximize outreach, the Harm Reduction Unit is also focused on expanding harm reduction and overdose prevention services to other community-based organizations.

Email [HarmReduction@ph.lacounty.gov](mailto:HarmReduction@ph.lacounty.gov) for additional questions related to naloxone.

## Using Naloxone to Reverse Overdose

### Overdose

An overdose occurs when a toxic amount of a drug or mix of substances, either taken intentionally or by accident, overwhelms the body. An opioid overdose occurs when the level of opioids, or combination of opioids and other substances, render an individual unresponsive. Opioids slow down the central nervous system, including breathing. This occurs because opioids occupy the same receptors in the brain that signal the body to breathe. When breathing stops or slows, oxygen levels in the blood decrease and can ultimately lead to unconsciousness, coma and possibly death. Survival entirely depends on restoring breathing and sustaining adequate oxygen levels. Overdoses are rarely instantaneous, therefore being

able to recognize signs of an opioid overdose and having the adequate tools and knowledge to respond is crucial in keeping the person alive.

See [Appendix A](#) for tips on recognizing and responding to an opioid overdose.

## Naloxone

Naloxone is a medication that works almost immediately to reverse opiate overdose. It is an opioid antagonist, which blocks opioids from binding to receptors in the brain and reverses the respiratory depression caused by an opioid.

Naloxone is currently a prescription drug but is not a controlled substance. It has few known adverse effects, no potential for abuse, and can be rapidly administered through intramuscular injection or nasal spray. While most professional first responders and emergency departments are equipped with naloxone, emergency service providers may not arrive in time to revive overdose victims. Trained and equipped bystanders such as friends, family and other non-health care providers (lay people) and drug users themselves can effectively respond and reverse an opioid overdose. Given the success of bystander naloxone programs, the CDC and the World Health Organization have recommended expanding the availability of naloxone to lay people ([CDPH Injury and Violence Prevention Branch](#), 2021).

## Laws and Regulations

In an effort to save lives, many states have implemented laws that support making naloxone more readily available for first responders and the general public. The majority of states have enacted laws to protect laypeople who administer naloxone in an emergency from civil and/or criminal liability.

The following document, provided by the Legislative Analysis and Public Policy Association (LAPPA), outlines the current status of naloxone access laws throughout the United States.

[Naloxone Access: Summary of State Laws \(LAPPA\)](#)

Additional information pertaining to California state laws may be found in [Appendix B](#).

## Naloxone Distribution Program (NDP):

### Obtaining a Standing Order

Any medication not considered to be “over the counter” must be given at the order of a licensed medical provider which may include a physician, nurse practitioner or physician assistant. Under [CA Civ Code § 1714.22](#), take-home naloxone may be distributed and administered using a **Standing Order**. A standing order for naloxone may be issued by any licensed health care provider, who is authorized to prescribe naloxone. This means a one-time standing order may be written by a provider which would then cover the distribution of *all* naloxone. This approach eliminates the need to obtain an order for *every* dose of naloxone that is distributed.

The California Department of Public Health (CDPH) has expanded access to naloxone for non-prescribing organizations to apply for a standing order through the [CDPH](#) website.

Non-prescribing organizations are those that do not employ, contract, or have access to a medical provider that has a license to prescribe.

Los Angeles County DPH Programs and Contracted Agencies can obtain naloxone through the [California Department of Public Health’s Naloxone Standing Order](#).

[CDPH’s Naloxone Standing Order FAQs](#) page provides detailed information about eligibility for the statewide standing order.

### Obtaining Free Naloxone from the CA Naloxone Distribution Program

With a standing order, programs can apply to receive naloxone directly from the [Department of Health Care Services \(DHCS\) Naloxone Distribution Project \(NDP\)](#). The NDP is directed at qualified organizations and entities to request free naloxone from DHCS and have it directly shipped to their address. To determine if your program qualifies, review the NDP [Frequently Asked Questions](#) before submitting an [NDP application](#).

Any LA County operated safety net program can apply for the DHCS NDP. However, if a clinical program is seeking naloxone, this should be in addition to prescribed naloxone for their registered patients, as to save grant-funded naloxone for communities with more tenuous access to medical care and clinical services.

### Naloxone Logging and Tracking Requirements

Programs participating in the NDP are required by DHCS to track the distribution of naloxone doses.

## Naloxone & Overdose Prevention Training for Staff

A required component of a naloxone distribution program is ensuring those who will be potentially administering naloxone know how to use it. According to DHCS, staff distributing naloxone under the NDP are required to receive opioid overdose prevention and treatment training and are required to train individuals who receive naloxone from them. The training must include the following:

- The causes of an opioid overdose
- How to recognize an opioid overdose
- Basic mouth to mouth resuscitation
- How to contact appropriate emergency medical services by calling 911
- How to administer naloxone

The following 11-minute video provided by the California Department of Public Health (CDPH) includes all required material and is suitable training for outreach staff, program managers, and others responsible for the implementation of naloxone distribution: [CDPH Administering Naloxone Video](#)

Additional trainings may be found on the [CDPH Naloxone Grant Program](#) website and on the [LA County Overdose Education + Naloxone Distribution](#) site.

## Who Should Receive Naloxone?

Naloxone should be furnished to all individuals at risk of exposure to opioids regardless of the source. The following list is criteria for consideration regarding at higher risk of overdose and who may benefit from receiving overdose prevention education and naloxone.

- Illicit substance use
- Use of prescription opioids
- Treatment for a substance use disorder
- Recently released from incarceration
- Homelessness or risk of homelessness
- Anyone with relationships with individuals who meet above criteria

See [Appendix C](#) for complete overdose risk checklist.

## Educating Individuals at Risk for Overdose About Using Naloxone

Staff who have successfully completed approved naloxone and overdose prevention training should provide individuals overdose prevention education directly or through referral to an Overdose Educator on site.



Education for individuals receiving naloxone includes:

- When to administer naloxone.
- How to administer naloxone.
- Informing others about the medication, how to use it and where it's kept.

These trainings may be delivered in individual or group settings and delivered live and/or via pre-recorded video which may be conducted in a variety of settings, including on the street or in a congregate setting. Video trainings about naloxone administration are available via <http://www.laodprevention.org/od-prevention-videos>. For more information, email [HarmReducion@ph.lacounty.gov](mailto:HarmReducion@ph.lacounty.gov).

See [Appendix D](#) for additional information related to a naloxone distribution workflow.

## Specialized Populations Seeking Naloxone

### **Naloxone for People Experiencing or at Risk for Homelessness or Incarceration (past 12 months)**

An individual experiencing or has been at risk for experiencing homelessness or incarceration in the past 12 months can access tailored services at the [Overdose Education Naloxone Distribution Program](#) (OEND), operated by [Los Angeles County Department of Health Services' Office of Diversion and Reentry](#).

OEND has naloxone access points specifically for individuals with multiple structural comorbidities that limit access to pharmacy and health care settings where naloxone can be more appropriately accessed through an individual's Medi-Cal (or other health insurance) benefit.

DPH Programs and DPH-contracted agencies can email OEND ([odprevention@dhs.lacounty.gov](mailto:odprevention@dhs.lacounty.gov)) to facilitate continuation of care for their individuals.

### **LA County Community Naloxone Access Points/Refills**

To ensure coverage throughout LA County for individuals unable to access naloxone through their primary healthcare provider or via a local pharmacy, each Service Planning Area will have a dedicated Community Naloxone Access Point (NAP) with weekly fixed hours where any individual may access overdose education and naloxone.



In the event that individuals use or lose naloxone and need a refill, they should be directed to one of the Naloxone Access Points (NAPs), listed on the to-be-provided OEND flyer (email [ODPrevention@dhs.lacounty.gov](mailto:ODPrevention@dhs.lacounty.gov) to obtain a flyer). The NAPs have designated drop in hours during which a individual can meet with a trained community health worker to refill the naloxone supply and/or receive refresher training. If the individual's naloxone was used to reverse an overdose, the community health worker will conduct a debrief session to discuss events surrounding the overdose reversal attempt, provide supportive counseling, and referrals to community resources as needed.

### Individuals Seeking Naloxone for Themselves

For individuals seeking naloxone for themselves, naloxone can be accessed through an individual's Medi-Cal (or other health insurance) benefit. To access this benefit, they should first try connecting to a primary care provider and requesting a prescription for naloxone. California also allows for third party prescribing, allowing healthcare providers to prescribe or distribute naloxone to an at-risk person's family member, friend, or other person in a position to assist an at-risk individual in the event of opioid related overdose. Alternatively, they can visit a pharmacy with a pharmacist who can dispense naloxone directly without a prescription, although availability is pharmacy and pharmacist dependent. Individuals are encouraged to call their local pharmacy to confirm they currently furnish naloxone. Albertsons advertises that they will (<http://drugstorenews.com/retail-news/albertsons-companies-offers-increased-access-to-naloxone>) as does CVS (<http://drugpolicy.org/pharmacy-naloxone-access-california>).

### Youth and Naloxone

Naloxone is FDA approved for all ages and there are no distribution restrictions based upon age. Depending on the circumstances, the youth can get naloxone prescribed to them and dispensed through a pharmacy, or contact a pharmacy where the pharmacist can dispense without a prescription (see <https://drugpolicy.org/california/cvs-pharmacies-california-selling-naloxone>), or visit a naloxone distribution site.

## Appendix

### Appendix A: Recognizing and Responding to Opioid Overdose

#### Step 1: Evaluate for Signs of Overdose

Look for signs of an overdose which may include:

- Discolored skin (especially in lips and/or nails)
- Small, constricted pupils
- Falling asleep or losing consciousness
- Slow, weak or no breathing
- Choking or gurgling sounds
- Cold and/or clammy skin

If an opioid overdose is suspected, stimulate the person by:

- Provide a “Sternal Rub”: Vigorously rub knuckles up and down on victim’s breastbone. This introduces a painful stimulus that will not cause damage to the person and helps assess whether the person is conscious or not.

#### Step 2: Call 911

Call 911 and inform emergency personnel that someone is not breathing or is unresponsive.

#### Step 3: Administer Naloxone

It’s important to know that naloxone has no effects if opioids are not present. If unsure, air on the side of safety and administer naloxone.

##### *Intranasal Administration*

- Tilt the victims head back
- Spray into one nostril until all the medication has been dispensed

#### Step 4: Provide Rescue Breathing

Rescue breathing can sustain someone until emergency personnel arrive:

- Clear the person’s airway.
- Tilt the head to open the airway by lifting the neck or chin.
- Pinch the nose shut.
- Make a seal over the mouth with your mouth.

- Give 2 rescue breaths and continue one breath every 5 seconds.

### Step 5: Monitor the Person's Response

Most individuals respond by returning to spontaneous breathing. This generally occurs within 2-3 minutes of administering naloxone. If the person is not responding give a second dose of naloxone and continue rescue breathing.

#### *After an Overdose Reversal:*

Once naloxone begins working, an individual may show signs of opioid withdrawal. These symptoms are uncomfortable, but not life threatening. After an overdose, a person should be monitored closely.

- Don't leave the person alone, as sedation may return.
- Wait for emergency personnel to arrive.
- If possible, encourage the person to refrain from using additional opioids as the naloxone can wear off and they can experience another overdose.

#### Additional Resources for Responding to an Opioid Overdose

- [National Harm Reduction Coalition: Responding to Opioid Overdose](#)
- [CDC The National Institute for Occupational Safety and Health \(NIOSH\): Responding to a Suspected Opioid Overdose](#)

## Appendix B: California Naloxone Access Laws

### Naloxone Access Law

[Cal. Civ. Code § 1714.22; Cal. Bus. & Prof. Code § 4052.01; 16 CCR § 1746.3](#)

Prescribers may prescribe and give out naloxone, either directly or by standing order, to a person at risk of overdose or a family member, friend, or other person in a position to help.

If a person receives naloxone via standing order, they must complete training from an opioid overdose prevention and treatment training program.

Pharmacists may give naloxone to persons with a history of use of opioids or persons in contact with someone with a history of use of opioids without that person first getting a prescription for it as long as they follow a statewide protocol. The protocol requires the pharmacist to be trained. Before giving out naloxone, a pharmacist must provide a consultation outlined in the law.

A health care provider acting with reasonable care has civil and criminal immunity for issuing a prescription for naloxone and cannot be professionally sanctioned.

A person who gives out naloxone under a prescription or standing order is not subject to civil action, criminal prosecution, or professional review.

A person who administers naloxone and has received proper training who acts with reasonable care, in good faith, and without payment is not subject to civil action, criminal prosecution, or professional review.

### **Good Samaritan Law**

[Ark. Code. Ann. § 20-13-1701 et. seq.](#)

A person who acts in good faith and calls for help for a drug overdose, whether for themselves or others, may not be arrested, charged, or prosecuted for possession of a controlled substance, if evidence for the offense was found as a result of calling for help.

A person who acts in good faith and calls for help for a drug overdose, whether for themselves or others, may not be penalized for a violation of restraining or protective order, pretrial release, probation, or parole, if evidence for the violation was found as a result of calling for help. These protections apply for violations based on possession of a controlled substance only.

### **Syringe Possession & Distribution**

[Cal. Health & Saf. Code 11364](#)

Syringes are defined as paraphernalia if designed or marketed for injected substances into the body.

[Cal. Health & Saf. Code 11014.5](#). Possession of paraphernalia is generally illegal. However, the possession of a syringe solely for personal use, if the syringe was given by a doctor, pharmacist, syringe exchange program, or any other source authorized by law, is not illegal. Beginning January 1, 2021, possession of a syringe is not a crime regardless of the source.

Delivery of paraphernalia is illegal, except as provided by law. [Cal. Health & Safety Code § 11364.7](#).

Syringe exchange is explicitly allowed by [Cal. Health & Saf. § 121349\(b\)](#).

Physicians and pharmacists are also allowed to give out syringes to people 18 and over without a prescription. Cal. Bus. & Prof. Code § 4145.5(b).

[California Assembly Bill 635](#)

An act to amend Section 1714.22 of the Civil Code, relating to drug overdose treatment.

## Appendix C: Overdose Risk Checklist

### 1. During the last 12 months, has the individual:

- Been incarcerated?
- Used illicit substances/or non-prescribed prescription opioids?
- Used prescription opioids as directed?
- Received treatment for a substance use disorder?
- Experienced homelessness or been at risk of homelessness?

**If YES to either of first two bullets and YES to at least one of the remaining bullets:** Individual is at risk for opioid overdose and is potentially facing a structural barrier to medical services. Individual should may email [odprevention@dhs.lacounty.gov](mailto:odprevention@dhs.lacounty.gov) for information on where to access naloxone.

**If YES at least one of the last three bullets and NO to both of the first two bullets:** Individual is at risk for opioid overdose. Individual may be provided naloxone via pharmacy, medical provider and/or via an available syringe service program. Individuals may email [harmreduction@ph.lacounty.gov](mailto:harmreduction@ph.lacounty.gov) for further information.

**If NO to all of the above:** Individual is not currently at risk for opioid overdose. Referral to SAPC program is not required. However, provider may still refer to SAPC program if provider deems referral is appropriate based on other factors.

**If Not sure/unknown:** Individual's risk is unknown at this time. Provider may use professional judgment to connect individual with appropriate resources, including but not limited to referral to SAPC program.

### 2. Does the individual have family members, friends, partners, neighbors or other relationships with individuals who have, in the last 12 months:

- Been incarcerated?
- Experienced homelessness or been at risk of homelessness?
- Used illicit substances/or nonprescribed prescription opioids?
- Used prescription opioids as directed?
- Received treatment for a substance use disorder?

**If YES to either of first two bullets and YES to at least one of the remaining bullets:** Individual is likely to be able to assist a person at-risk of experiencing an overdose and potentially facing a structural barrier to medical services. Individual should email [odprevention@dhs.lacounty.gov](mailto:odprevention@dhs.lacounty.gov) for information on how to access overdose education and naloxone.

**If YES at least one of the last three bullets and NO to both of the first two bullets:** Individual is likely to be able to assist a person at-risk of experiencing an overdose. Individual may be provided naloxone via

pharmacy and/or medical provider via third party prescription written to friends or family of at-risk users, or to other laypersons who may have contact with at-risk users. Additionally, individuals may access naloxone via syringe service programs. For additional information email [harmreduction@ph.lacounty.gov](mailto:harmreduction@ph.lacounty.gov).  
**If NO to all of the above:** Individual does not know someone that is not currently at risk for opioid overdose. Referral to SAPC program is not required. However, provider may still refer to SAPC program if provider deems referral is appropriate based on other factors.

**If Not sure/unknown:** The risk is unknown at this time. Provider may use professional judgment to connect individual with appropriate resources, including but not limited to referral to SAPC program.

## Appendix D: Workflow for Naloxone Distribution

### Naloxone formulations:

There are various types of FDA-approved naloxone, a life-saving medication that can temporarily stop or reverse the effects of an opioid overdose. Per the DHS standing order for OEND, the following types may be dispensed through the OEND program:

- Naloxone hydrochloride 0.4mg/ml vials
- Evzio® (naloxone HCl) 2mg/1ml auto-injectors
- NARCAN® (naloxone HCl) 4 mg/0.1ml Nasal Spray

Individuals should be given a naloxone kit upon successful completion of the training. Each **nasal** naloxone kit includes one package of two (4 mg/0.1 ml) FDA-approved Narcan® (naloxone HCl) Nasal Spray, step-by-step instructions for administration on the packaging, and other program materials. Each intramuscular (IM) naloxone kit includes two (2) vials of 1ml (0.4mg/ml) naloxone, two IM syringes, step-by-step instructions for administration, and other program materials.

### Example Workflow for Naloxone Distribution

- For Participants
  - A participant requests naloxone via a fixed based site or via community outreach. They do not need to register as a participant and should remain anonymous to minimize barriers to access. A participant may also be a concerned friend or family member seeking naloxone for a loved one.
  - An overdose prevention education or volunteer who has received naloxone training retrieves the requested Naloxone. It should be stored in a readily accessible place and unlocked so that staff may easily distribute to participants.
  - The educator educates and confirms the participants understanding in how to use naloxone and knows how to effectively respond in the event of an overdose. Educator documents naloxone distribution and distributes naloxone to participant.